P15000093447

(Re	equestor's Name)	_
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Elite Steel Erecto	rs, Inc.		
DOCUMENT NUM	B15000003447		-	
The enclosed Article	s of Amendment and fee are s	ubmitted for filing.		
Please return all corr	espondence concerning this m	atter to the following:		
	Christopher Ontiveros			
	<u>-</u>	Name of Contact Perso	on	
	Elite Steel Erectors, Inc.			
		Firm/ Company		
	P.O. Box 56122	. ,		
		Address		
	St. Petersburg, Fl 33732			
		City/ State and Zip Cod	le	
acco	unting@elitesteelerectors.org	•		
		and Conference of		
	E-man address, (to be u	sed for future annual report	notification)	
For further information	on concerning this matter, plea	se call:		
Christopher Ontiveros		at (9249567	
Name of Contact Person		at (813) 9249567 Area Code & Daytime Telephone Number		
Enclosed is a check fi	or the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

ELITE STEEL EI	RECTORS, INC.	
(Name of Corporation as P15000083447	currently filed with the Florida Dept. of State)	
	lumber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ntes, this Florida Profit Corporation adopts the following amend	dment(s) to
A. If amending name, enter the new name of the corpora	ation:	
n/a -		n 214)
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	orporation," "company," or "incorporated" or the abbrevia ac," or "Co". A professional corporation name must contain	tion
B. Enter new principal office address, if applicable:	<u>-</u>	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>s</u>) n/a	_
		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a	_
D. <u>If amending the registered agent and/or registered off</u>	fice address in Florida, enter the name of the	_
new registered agent and/or the new registered office	address:	
Name of New Registered Agent		
·		
·	lorida street address)	
New Registered Office Address:	(City), Florida	-
	(III) Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	d Agent: amiliar with and accept the obligations of the position.	N SI
Signature o	of New Registered Agent, if changing	
	05	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	<u> Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>s</u>	Sheri Ontiveros	5527 Commonwealth Ave N.
x Add			St. Petersburg, Fl 33703
Remove			
2) Change			
Add			 _
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			
Add			
Remove			

	ets, if necessary).	(Be specific)				
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nn amendment provovisions for impler	nenting the amen	dment if not cont	on, or cancellan	on of issued sha adment itself:	ires,	
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The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 06-03-202/	
Signature (Pug disease and Indiana)	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	en ourt
(Typed or printed name of person signing)	
(1) pod or printed name or person signing)	
(Title of person signing)	
(Title of person signing)	